

Written Testimony for the
Appropriations Committee, Subcommittee on Health and Hospitals

Luis Añez, Psy.D.

Director, Hispanic Services, CMHC, CT Latino Behavioral Health System
Associate Professor, Yale University School of Medicine

Distinguished Members of the Committee, it is my privilege to have this opportunity to serve as a voice for the hundreds of individuals that cannot personally be here to share their story with you today. My name is Luis Añez and as a licensed clinical psychologist who has worked in various capacities at the Hispanic Clinic of the Connecticut Mental Health Center (CMHC) for the past 19 years, I am here to share the unique accounts of a disenfranchised, yet growing, Latino community afflicted with mental illness and addiction.

Your continued support has been essential in changing a story of hopelessness and fear to one that introduces the possibility of recovery. At the Hispanic Clinic, we have witnessed people change their lives, rebuild family relationships, and redefine themselves as productive and valued members of their community.

However, even with the services we have, we are limited, and for every person that walks through the door of CMHC, there are many more who still do not have access to much needed services. I ask you to please reflect on what CMHC cuts will mean for the Latino community. I can say with certainty that **the proposed budget cuts would be devastating to an already strained service system and will further compromise an already vulnerable population.**

National data tells us that 1 out of every 5 adults experiences a mental health condition every year, and one in 20 live with serious mental illness. If these numbers are accurate, then in this very room, we can assume that more than a few of us know what it means to come face-to-face with a mental health issue. The truth is that it can happen to any of us.

Beyond my professional role, I am also here as someone who has been a consumer of mental health services. However, my story is different. By virtue of speaking English, having a higher education, full-time employment, and health insurance, I have options. In sum, I am almost guaranteed access to care. The people we serve do not have that same luxury. We are it; and in fact, because of the many constraints associated with a life of poverty, at CMHC, we are often “it” across different areas of their daily life. We are not only their mental health provider, but we are also their advocate, health educator, and connection to an unfamiliar and often frightening world. **If these important services are cut, where will these people go? What happens to their possibility of recovery? How will this impact their family and community? Are their problems any less important today?** As we all know, budget cuts and the elimination of services does not eliminate the problem, it only makes it seem invisible in

the moment, but it will undoubtedly show up again and most likely worse than before. It demands attention now and it will demand it again later.

So today I ask you to consider the shattering effects that the proposed budget cuts will bring to the Latino community served through CMHC. Let's look at the facts:

1. Nationwide, and in the state of Connecticut, the Latino community is a majority among the minority. As of July 1, 2013, census figures estimate the Latino population surpassing 54 million, or approximately 17% of the total U.S. population. It is expected that by the year 2060, the Latino population will total more than 128.8 million, comprising an estimated 31% of the U.S. population. Since 1990, there has been a 121% increase in the number of U.S. residents 5 and older who speak Spanish at home, totaling 38.3 million as of 2012. In Connecticut, these numbers translate into 14% of the state's population, or the 17th largest in the nation. Latinos in Connecticut are growing at a rate 12 times the rest of the population. In the city of New Haven, the numbers more than double to 28% of the total city population.

2. The Hispanic Clinic represents a national model of collaboration and culturally responsive community based mental health care. The Hispanic Clinic at CMHC is a collaborative endeavor between the Yale University Department of Psychiatry and the Connecticut Department of Mental Health and Addiction Services (DMHAS). Since its inception in 1973, the Hispanic Clinic has provided outpatient mental health and addiction services to the monolingual Latino community of the greater New Haven area. The Clinic is staffed by a multidisciplinary team of bilingual-bicultural clinicians (6 full-time clinicians and 2 case managers) who provide a comprehensive range of treatment services to an adult population aged 18 and over. **Currently, the Hispanic Clinic is already facing a serious challenge in service delivery due to the state hiring freeze which has resulted in 3 full-time clinical vacancies - this has meant that nearly 135 individuals have lost their primary clinician and had to be redistributed among the existing team of clinicians.** This represents not only increased pressure on the clinical team, but it is incredibly disruptive to individuals that already have histories of recurrent personal losses.

Fortunately, since 2007, and thanks to the strong and ongoing support of the DMHAS leadership and State Representatives Dillon and Candelaria, as well as other members of New Haven's legislative delegation, we were able to create the CT Latino Behavioral Health System (CT LBHS). This has proven a critical resource in addressing the shortage of bilingual providers and severe lack of outpatient treatment options for the fastest growing segment of New Haven's population.

The Hispanic Clinic served as a natural launch point for the creation of the CT LBHS, a **network of a dozen collaborating agencies united by a shared goal to improve the availability of culturally and linguistically appropriate care to the monolingual Latino community.** This cost-effective model program is housed in the CMHC, where the Hispanic Clinic serves as the administrative and service coordination anchor. The

program's success has been nationally recognized with the **National Latino Behavioral Health Association and the National Network to Eliminate Disparities** naming it as *one of 16 innovative and best practices* that positively enhance behavioral health services, supports, interventions, and outcomes with diverse Latino communities throughout the country.

The CT LBHS collaborating agencies include:

- APT Foundation, Inc.
- BHCare, Inc. (Valley and Shoreline offices)
- Bridges
- Chemical Abuse Services Agency/Multicultural Ambulatory Addiction Services
- Cornell Scott Hill-Health Center
- Connecticut Mental Health Center
- Crossroads
- Fair Haven Community Health Center
- Fellowship Place
- Hispanic Health Council
- Yale-New Haven Psychiatric Hospital

The CT LBHS has improved access in several important ways: initial expansion eliminated and reduced wait lists at three collaborating sites; collaboration with the Fair Haven Community Health Center resulted in nearly 250 on-site psychiatric evaluations and over 400 medication management sessions, a service that would remain unavailable without the partnership; and the Latino Peer Support Program at Fellowship Place has offered over 70 people the opportunity to participate in empowering activities that promote well-being, hope, and social connection.

The CT LBHS workforce development is also key to building sustainable regional capacity. The reality is that the number of behavioral health professionals that identify as Latino remains inadequate - social workers at 11.6%; psychiatrists at 4.3%; psychologists at 6.2%; and counselors at 10.4%. **Training sites like the Hispanic Clinic represent one of the few places in the country that prepares students from the fields of medicine, psychology, psychiatry, and social work to deliver empirically supported community-based, recovery-oriented, and person-centered behavioral health services in Spanish.**

3. Annually, the Hispanic Clinic and the collaborating agencies that make up the CT LBHS admit an average of 260 new individuals to services and serve approximately 600 clients. People served at the Hispanic Clinic and at the CT LBHS community sites present with long histories of chronic and persistent mental illness—for example, Major Depression, Bipolar Disorder, Schizophrenia, and Posttraumatic Stress Disorder. This is consistent with national trends indicating that 90% of clients in public behavioral health settings have experienced trauma. Serious and persistent mental illness often means years of repeated hospitalizations, inconsistent access to treatment and medication, and debilitating psychiatric symptoms that have often strained relationships with family, limited their opportunity to secure gainful employment, and

compromised their potential. And this is just considering their psychiatric symptoms. By definition, our clients are also poor and this means that the grim picture I just illustrated is further compounded with experiences of abuse, family separation, substandard housing, food insecurity, co-occurring medical problems, and limited access to healthcare.

4. Our community is suffering, but we have the capacity to respond. Often times we are faced with the reality that there are things that we just cannot change. But the good news is that this is not one of them. Untreated mental illness affects individuals, families, and entire communities. There is the consequence of homelessness, the risk of continued victimization, and the fiscal costs as people access care through inappropriate, yet available venues such as hospital emergency rooms. We are in the privileged position that we can actually make someone's life better. With your continued support we can continue to make a difference. Together we can recognize the strengths and resilience among this historically marginalized community and do our part to change the outcome of their story.

In closing, as a voice for the individuals we serve, I urge you to preserve funding for Latino services at CMHC and through the CT LBHS. You are not simply investing in a faceless treatment intervention or program; your actions go far beyond that and will reap benefits that may not be immediately seen. **You are investing in human life, in someone's father, mother, son, and daughter. You are supporting the belief that all members of our community, regardless of language, ethnicity, and mental health status, are important and as such deserve the opportunity to recover from severe and persistent mental illness.**

Thank you for your time and attention.